

**Montana Department of Public Health & Human Services - Alcohol & Drug Information System
MONTHLY SUMMARY FORM**

PROGRAM											
1. Program Number	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	5. Program Name: _____									
2. Report Month and Year	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>										

mo
year

 6. Program Address: _____ _____ || 3. Current Date | mo day year | 7. Name of Person Completing Form: _____ |
| 4. Program Phone | - | 8. Coded Remarks . . |

ACTIVE/INACTIVE CLIENT (Does not include ACT Program)	
Previous 90-Day Caseload	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Number of Admissions/Readmissions	+ <input type="text"/> <input type="text"/> <input type="text"/>
Number of Discharges	- <input type="text"/> <input type="text"/> <input type="text"/>
Current 90-Day Caseload	= <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

MONTHLY STAFF HOURS					
Direct Treatment					
Direct Early Intervention					
Other Staff Hours					
Total Staff Hours for Month					

NUMBER OF ACTIVE CLIENTS SERVED DURING REPORT MONTH (30 Day Caseload)						
Care Component	Number			Bed Days		
Detoxification	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inpatient Hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inpatient Free-Standing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate (Transitional Living)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day Treatment	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Intensive Outpatient Alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Intensive Outpatient Drug	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Outpatient Alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Outpatient Drug	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Total Active Clients Served (Unduplicated Count)				<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATION SERVICES			
ACT Program:			
Number of Admissions			
Number of Discharges			
Active Monthly Caseload			
MIP School: Active Monthly Caseload			
Family Members Served			

CLIENT SERVICES			
Intensive Outpatient: Average HOURS per week . . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto; position: relative;"> <div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background-color: black;"></div> </div>
<hr style="border: 1px solid black; width: 50%; margin: 0 auto;"/>			
Outpatient: Monthly Average CONTACTS per client . .	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto; position: relative;"> <div style="position: absolute; right: 5px; top: 5px; width: 10px; height: 10px; background-color: black;"></div> </div>

NUMBER OF NON-CLIENT ASSESSMENTS & EVALUATIONS		
Number of Admissions/Readmissions		

NUMBER OF STAFF				
Actual Direct Service Staff			■	
Actual Administrative Staff			■	
Total Budgeted Staff Positions			■	

CLIENT SERVICES			
Former Clients Scheduled			
Former Clients Contacted			
Former Clients Reporting No Use			